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DEPARTMENT
ENVIRONMENTAL QUALITY

(1) Iowa Hazardous Waste Report: Annual Report

(Instructions on back)

(2) This report is for the year ending December 31, 1981

(3) Name of Company Eagle Signal Industrial Controls
 Site Location Div. Of Gulf + Western
 Site Address Davenport, Iowa
 City 736 Federal Street
 County Davenport, Iowa 52803
Scott

(4) Company Mailing Address

Same(5) EPA I.D. Number I A D 0 5 1 0 0 1 3 3 7(6) All required manifest forms accounted for? Yes ☒ No ☐(7) Has your interim status changed during the year? Yes ☐ No ☒(8) Have you implemented or do you plan to implement any hazardous waste reduction/elimination processes? Yes ☒ No ☐

(9)

(10)

(11)

(12)
On-Site(13)
Off-Site

EPA Hazardous Waste Number	Description of Waste	Annual Amount of Waste Generated or Handled (Pounds/Year)	Treated	Stored	Recycled	Disposed	Treated	Stored	Recycled	Disposed
F 0 0 1	Freon	2 6 6		X						X
F 0 0 5	Silk Screen Solvent	4 1 5		X						X
F 0 0 9	Cool Phos (Methylene Chloride)	1 6 2 0		X						X
F 0 0 9	PC Etching Solvent (Ferric Chloride)	2 9 0		X						X
F 0 0 9	Bon Strip Methylene Chloride	2 0 7		X						X

(14) Transportation Services Used _____

(15) Off-site Disposal Facility(s) ??

(16) Off-site Treatment Facility(s) _____

(17) Off-site Storage Facility(s) _____

(18) Off-site Recycling Facility(s) _____

(19) Certified by: A. R. Thompson

(Signature)

Oper. Mgr.
(Official Title)3/15/82
(Date)

R00307785
RCRA RECORDS CENTER

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DEPARTMENT
ENVIRONMENTAL QUALITY(1) Iowa Hazardous Waste Report: Annual Report

(Instructions on back)

(2) This report is for the year ending December 31, 19__

(3) Name of Company Eagle Signal Industrial Controls
 Site Location Div. Of Gulf + Western
 Site Address _____
 City _____
 County _____

(4) Company Mailing Address _____

(5) EPA I.D. Number I A D 0 5 1 0 0 1 3 3 7(6) All required manifest forms accounted for? Yes ☐ No ☐(7) Has your interim status changed during the year? Yes ☐ No ☐(8) Have you implemented or do you plan to implement any hazardous waste reduction/elimination processes? Yes ☐ No ☐

(9)				(10)				(11)				(12) On-Site				(13) Off-Site			
EPA Hazardous Waste Number				Description of Waste				Annual Amount of Waste Generated or Handled (Pounds/Year)				Treated	Stored	Recycled	Disposed	Treated	Stored	Recycled	Disposed
D	0	0	1	Stoddard Solvent							6 2 0		X						X
D	0	0	1	Coil Varnish							1 9 9 0		X						X
D	0	0	1	Organic Flux							1 6 6 0		X						X
U	2	3	9	Xylene							4 1 5		X						X
F	0	1	7	Paint & Paint Sludge							1 6 6		X						X

(14) Transportation Services Used _____

(15) Off-site Disposal Facility(s) ?? _____

(16) Off-site Treatment Facility(s) _____

(17) Off-site Storage Facility(s) _____

(18) Off-site Recycling Facility(s) _____

(19) Certified by: [Signature] Owner M52 3/15/82
 (Signature) (Official Title) (Date)

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ENVIRONMENTAL QUALITY(1) Iowa Hazardous Waste Report: Annual Report

(Instructions on back)

(2) This report is for the year ending December 31, 19__

(3) Name of Company Eagle Signal Industrial Controls
 Site Location Gulf + Western (4) Company Mailing Address _____
 Site Address _____
 City _____
 County _____

(5) EPA I.D. Number I A D 0 5 1 0 0 1 3 3 7(6) All required manifest forms accounted for? Yes ☐ No ☐(7) Has your interim status changed during the year? Yes ☐ No ☐(8) Have you implemented or do you plan to implement any hazardous waste reduction/elimination processes? Yes ☐ No ☐

(9)				(10)		(11)				(12)				(13)			
EPA Hazardous Waste Number				Description of Waste		Annual Amount of Waste Generated or Handled (Pounds/Year)				On-Site				Off-Site			
Treated	Stored	Recycled	Disposed			Treated	Stored	Recycled	Disposed	Treated	Stored	Recycled	Disposed	Treated	Stored	Recycled	Disposed
F	0	0	7	Plating Bath Solutions					9 1 0		X						X

(14) Transportation Services Used Watts Services - # ILD045376100(15) Off-site Disposal Facility(s) Sheffield Nuclear # 2 - # ILD045063450Illinois - F003 - 4,125 gallons

(16) Off-site Treatment Facility(s) _____

(17) Off-site Storage Facility(s) _____

(18) Off-site Recycling Facility(s) _____

(19) Certified by: *A. L. Hagan*

(Signature)

Opes. 1952
(Official Title)*3/15/82*
(Date)

Instructions for Numbered Items on Front

- (1) This report is to be completed by all persons or companies who generate hazardous waste and by owners and operators of on-site or off-site facilities that treat, store or dispose of hazardous waste.
- (2) Identify the year in which the report applies.
- (3) Include the information necessary to identify your particular facility.
- (4) Complete this item if the mailing address is different from the plant location.
- (5) Use the identification number assigned by EPA for your facility (see mailing label).
- (6) A generator is required to receive and maintain the final manifest which indicates each handler of the waste from generator to final disposal. If the "no" box is marked, identify, on a separate sheet, the nature (type of waste, amount of waste, dates, etc.) of the discrepancy.
- (7) Mark the appropriate box if your interim status changed during the calendar year or if you submitted a modified Part A application.
- (8) If you have implemented or plan to implement any hazardous waste reduction/elimination processes, i.e., production line changes, incineration, heat recovery, recycling, etc., identify, on a separate sheet, the general process and the magnitude of change to the waste stream.
- (9) Use the EPA hazardous waste numbers from 40 CFR Part 261. For a mixture of more than one waste continue on next line(s).
- (10) Identify the waste according to the name you use. This may be the common name, manufacturing or brand name, process description, chemical compound or scientific name.
- (11) Report the quantity of waste that you generated or handled as pounds per year.
- (12) (13)
Mark the appropriate box to indicate whether the waste was processed on-site or off-site. If any waste stream received more than one kind of processing, use another line to show the annual amount for each type of handling.
- (14) (15) (16) (17) (18)
For each off-site facility which you sent hazardous waste identify (by using the assigned EPA I.D. number) the transportation services used, the name of the facility, the state in which it is located and the EPA hazardous waste number(s) of the waste(s) and the annual quantity sent to each facility.
- (19) Certification is to be made by an authorized representative of your company, according to the following:
"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

If additional space is needed to answer questions make copies of this form or use additional sheets of paper.

Send completed form to:

Air and Land Quality Division
Department of Environmental Quality
Henry A. Wallace Building
Des Moines, IA 50319